

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035024 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 04/22/2015 |
| NAME OF PROVIDER OR SUPPLIER FRANKLIN MANOR ASSISTED LIVING CENTEF | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET DR YOUNGSVILLE, NC 27596 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 000 | Initial Comments Report of a Biennial Construction Survey by Ed Miller on April 22, 2015. This facility was first licensed or submitted for licensure as a Home for the Aged serving 54 residents, on July 9, 2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2012 North Carolina State Building Code, Group I-2 Physical plant deficiencies were noted which require a plan of correction. | C 000 | | |
| C 111 | Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director/Maintenance Director/Manage of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discover with annual inspections. Findings on April 22, 2015: a. Manager indicated the Annual Building Sanitation Report was not available for review, b. Manager indicated the Annual Kitchen Sanitation Report was not available for review, c. Manager indicated the Annual Fire Officials Report was not available for review. | C 111 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| C 150 | Continued From page 1 | C 150 | | |
| C 150 | Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the resident rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on April 22, 2015: a. The left back eight-foot wide corridor had a four-foot table placed in the corridor during a musical event. Deficiency corrected before Construction Surveyor departed the site. | C 150 | | |
| C 185 | Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. | C 185 | | |

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| C 185 | Continued From page 2 This Rule is not met as evidenced by: 1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on April 22, 2015: a. Manager indicated the fire rehearsal log was not available for review. | C 185 | | |
| C 189 | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on April 22, 2015: a. The fire sprinkler escutcheon plate had | C 189 | | |

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| C 189 | <p>Continued From page 3</p> <p>dropped down from the ceiling at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> i. Beauty Shop. b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the following locations to include but not limited to: i. TV Room Closet. <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on April 22, 2015:</p> <ul style="list-style-type: none"> a. There was gaps around a copper ground wire that penetrate through the fire resistance rated ceiling assembly at the following locations to include but not limited to: i. Data Room. <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p> <p>Findings on April 22, 2015:</p> <ul style="list-style-type: none"> a. Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in June 2014. b. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2014, there has been no record keeping of the monthly inspections. | C 189 | | |

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| C 189 | Continued From page 4 4. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on April 22, 2015: a. Corridor door to the left side Med Room was blocked open with a med cart, b. Corridor door to the left side Med Room was wedged open. 5. Based on record review, and interview with Executive Director/Maintenance Director/Manage of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discover with annual inspections. Findings on April 22, 2015: a. Manger indicated the Annual Fire Alarm System Report was not available for review. b. Manger indicated the Annual Sprinkler System Report was not available for review. | C 189 | | |
| C 199 | Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; | C 199 | | |

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| C 199 | <p>Continued From page 5</p> <p>(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 22, 2015: a. The system exhaust did not remove the required CFM's of ventilation from the following locations to include but not limited to: i. Left side Nurse Station Toilet Room.</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 22, 2015: a. There was no ventilation to the following locations to include but not limited to: i. Public Women Toilet Room.</p> | C 199 | | |